



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)  
CHANGE OF NAME FORM**

COMPLETE AND SEND  
TO:ASRS  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information (Name currently on file with the ASRS.)				
Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Primary Phone ( )	Secondary Phone ( )	Mobile Phone ( )		
Personal Email Address			Member Status (Check One) <input type="checkbox"/> Retired <input type="checkbox"/> Non-retired <input type="checkbox"/> Survivor	

SECTION 2 – Name Change (Enter your new legal name.)		
New Name (Last)	(First)	(Middle Initial)
<p><b>A <u>copy</u> of the legal document establishing the name change must be included with this form. Check which one is enclosed.</b></p> <p><input type="checkbox"/> Divorce Decree    <input type="checkbox"/> Marriage License    <input type="checkbox"/> Passport    <input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Driver License    <input type="checkbox"/> Arizona ID    <input type="checkbox"/> Military ID</p> <p><input type="checkbox"/> Court Order (what type) _____</p>		

SECTION 3 – Signature	
Member Signature	Date

Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony per Arizona Revised Statutes § 38-793.

